

IV

CLINICAL NOTES

I.—OUTBREAK OF GONORRHOEA IN A RESIDENTIAL BOYS' SCHOOL

By H. LESLIE OLDERSHAW, M.B.(Lond.), M.R.C.S., D.P.H.

THE following notes may prove of interest, owing, in the first place, to the nature of the infectious disease, and, in the second place, to the unusual method of its transmission.

Four cases of urethral discharge in boys came to the notice of the visiting medical practitioner. Smears were taken and microscopical examination revealed a Gram-negative diplococcus; clinically and pathologically the cases were typical gonococcal urethritis.

The origin and mode of spread of the infection was at the time a complete mystery, for all the boys were under supervision and shut off from the outside world and, moreover, no female domestics were employed in the institution.

A methodical and careful examination of every boy of the whole school revealed seven other cases of urethritis. These boys, for various reasons, had been hiding their malady. Thus, eleven boys had been discovered to have a urethritis, and in each case the Gram-negative diplococcus of Neisser was found.

Although the fountain head of the trouble was, as yet, obscure, it was obvious that the first step in the treatment was to isolate all those boys who had been found to be infected. Accordingly, they were segregated in a separate house of the school. Arrangements were made for the conversion of rooms, one into a medical inspection room and the other into an irrigating chamber, in which the apparatus necessary for the treatment of gonorrhœa was installed. Also, it was arranged that an ex-R.A.M.C. orderly, with considerable venereal disease experience, should take up his abode in the institution and associate himself with the boys, to find, if possible, the source of

CLINICAL CASES

the outbreak and the nature of its transmission. In fact, he it was who discovered that immoral practices were taking place, and subsequent examination revealed four boys with ani dark and dilated, their external sphincters stretched and paralysed, and protruding therefrom numerous papillomatous growths of a gonococcal origin.

Further investigation showed that one boy had been admitted to the institution with a latent gonococcal infection contracted before his admission. Rectal examination of this boy revealed an enlarged, painful and nodular prostate, which on massage resulted in the excretion of gonococcal threads.

The two-glass test suggested that, with the exception of this case, the infection was limited to the anterior urethra, and therefore the disease had been recently acquired.

The urethral cases were submitted to the usual routine treatment of daily irrigation with potassium permanganate $\frac{1}{8000}$, and weekly injections of gonococcal vaccine. The vaccine treatment, by means of the simple emulsion of gonococci, consisted of weekly injections with gradually increasing doses as follows: 10, 15, 25, 25, 50, 50, 100, 100, 150, 200 millions. All the boys were taken off hard work and put on a low non-nitrogenous diet and light exercise. The results were particularly pleasing, for all except the chronic case had cleared up within three months and only one boy had a relapse.

The anal cases were irrigated with potassium permanganate $\frac{1}{10000}$, and the gonococcal warts rapidly disappeared after the careful application of a mixture of tincture ferri perchloride and liquor epispasticus.

The Head of the school alleged that it was almost impossible to prevent sodomy in an institution of the type of that over which he was in control.

A point of further interest is that the boys who had fallen to these depths of degradation were not those in whom the stigma of physical and mental degeneration were apparent, but rather those boys who were physically and mentally the *élite* of the school—at least in so far as they included in their numbers the head prefect and athletes of no mean distinction.